

DSHS Reinventing the MMIS



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Secretary thanks DSHS staff for MMIS approach, focus

Robin Arnold-Williams, DSHS Secretary, has congratulated and thanked DSHS staff for work on the Medicaid Management Information System (MMIS) project so far. Arnold-Williams' comments came during her opening remarks at the June Benefit Service Package Demonstration and Design Phase Training. DSHS Deputy Secretary Liz Dunbar conveyed the same message at an earlier session of the workshop.



Both Arnold-Williams and Dunbar encouraged those at the training to continue their good work. Arnold-Williams said the MMIS project has been forging ahead with the right focus, but she warned that time is short and the project needs sustained effort.

"This system will help us deliver better services," she said. "I applaud your work, and you have my full support and commitment." Arnold-Williams also praised the

decision to use an enterprise-wide approach to MMIS data. She said her confidence in that approach was based on the success of a similar project in Utah, where she worked before coming to Washington State.

She noted that she had written an article about that experience, "*Leveraging Data to Enhance Management Outcome*," and said the enterprise approach clearly resulted in delivery of better services.

(See Robin's article on Page 3.)

How do we make a primary payment system for everyone?

DSHS has more than 150 unique programs with different needs and methods. This includes different eligibility systems, multiple case management systems, and numerous payment models. In addition, those

systems have widely varying combinations of benefit needs. The idea of devising a system with all these traits is daunting, to say the least.

First, let's examine what the new payment system is not. It is not an Eligibility system or a Case Management system, however there will be interfaces with these systems that send

The MMIS Re-Procurement Newsletter

Visit the DSHS Intranet
<http://mmis.dshs.wa.gov>

Calendar
July 20 -- HRSA EL
presentation

July 26 -- MMIS Executive
Steering Committee

MMIS questions?
Contact
Communications
Manager
Kathleen Wyer

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information to the MMIS for use in processing claims and populating databases.

What it is: The new MMIS will be the primary provider payment system for DSHS. Once fully implemented, it also will be the single source of expenditure data, a central reporting system for how the state spends billions of taxpayer dollars. It will include the core claims adjudication engine, Pharmacy Point of Sale System and a Data Warehouse along with the interfaces that connect to other systems. It will also have a two-way connection to the AFRS system. (See diagram at upper right.)

So how can a single payment system support the 150+ program needs? There are four key elements in benefits and service. These include: 1) Clients 2) Providers 3) Services and 4) Units of Service. Collectively these elements produce what's known as a **Benefit Service Package (BSP)**. A Benefit Service Package is a set of benefits and services that a client may receive, given that client's current state of eligibility.

Focus groups are beginning to form to provide a storyboard of special requirements and define the domains used to build the BSP.

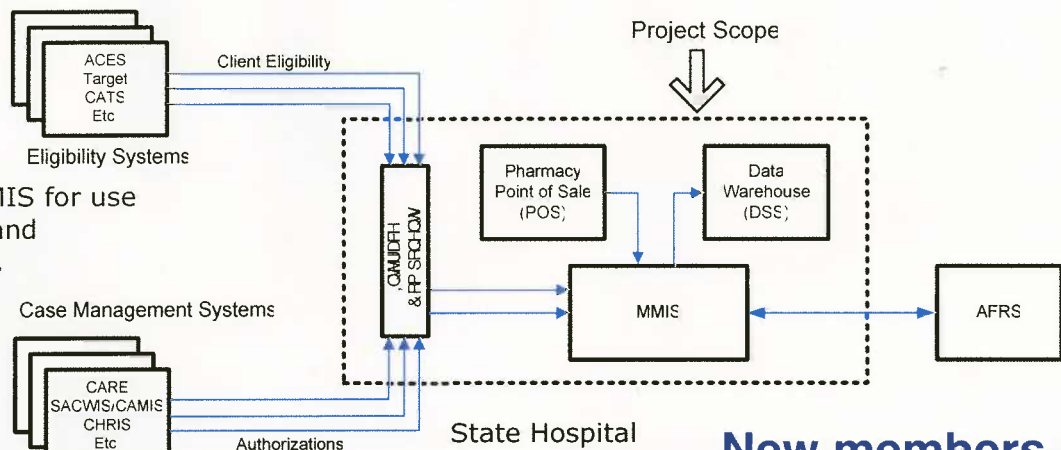
Provider groups teaming with DSHS

Another kind of focus group is also under way.

Chris Johnson, Provider Liaison for the project, recently met representatives of the Washington

Association, Washington State Pharmacy Association, Pacific Medicaid Services, Washington Healthcare Forum and the Everett Clinic in the first of many provider focus group meetings.

These meetings are designed to provide a community forum for provider associations, to discuss how we can achieve provider readiness and make sure provider payments are not interrupted or delayed. Key topics during this first focus group included the importance of early and continued involvement of providers, accurate and easy to understand billing instructions, and concise edits and policies. Discussion and feedback during the session centered on understanding provider needs, interests and experience around the current MMIS, as well as what could be improved. This is the first of many provider focus groups. "We've broken our focus groups up into similar provider type associations and membership," Johnson said. "We started with the medical group because they will be one of the first impacted by the new MMIS." Future focus groups will include representatives of Social Services, Tribes, County government and other groups.



New members join the MMIS team

Kathy Pickens-Rucker is the new Work Plan Administrator for the project. Kathy has



worked in several state agencies over the course of the past 26 years, including DNR, DOL, DOH, and DOC. She started her state career in our Bremerton Community Service Office. For the past 10 years Kathy has worked in Information Technology, specializing in project management. Kathy has a Bachelor of Science in Computer Science from The Evergreen State College and is a native Washingtonian. She lives in Tenino with her husband Mike and son, Conrad.

Jack Ramsdell came on board with the MMIS project team as Security Manager at the beginning of May.



Jack started working for the state at the Liquor Control Board as a Senior Systems Administrator. While at the Liquor Board, he worked on the Steering Committee for the Washington Computer Incident Response Center. Jack lives in Lacey with his wife Lori and their three children -- Justin, Joshua and Anna.

Leveraging Data to Enhance Management Outcome

By Robin Arnold Williams

Wendy Cole can really concentrate on what children tell her these days because of technology used by child welfare workers in Utah Department of Human Services—she doesn't have to spend a lot of time writing in long hand.

"We carry audio digital recorders, so I don't have to take notes anymore. I just turn it on, enter the date and time and focus on the child," Cole said. She gets an exact recording and can quickly download the interview onto her computer.

The Utah Department of Human Services has invested a significant amount of resources—both human and financial—in technology solutions for better data generation and analysis leading to enhanced capacity to monitor and manage its programs. A comprehensive approach has been used in



Robin Arnold-Williams was the executive director of the Utah Department of Human Services.

SAFE System

Case Worker

Supervisor/Team Office/Region

Division Department

- Case Documentation
- Case Management

- Program Review and Planning

- Management Data

- Fiscal Forecasting

- Caseload Management

- Workload Management and Forecasting

- Outcome Tracking and Reporting

various program areas with four major components:

- Case Management System
- Services Review—Quantitative and Qualitative
- Data Warehouse Capacity Across State Systems
- Enterprise Systems

These components allow data to be generated and used on a continuum from line workers like Wendy Cole through department management. At the caseworker level, technology results in more efficient case documentation and individual case management. Supervisors and office/region management receive ongoing and current information to assess each worker, team and office's performance and to look at the case status related to desired process and quality outcomes. Division and department management study data to assess performance at all levels. Data also are integrated to allow for workload management and forecasting, fiscal forecasting, and outcome tracking and reporting.

Investment Paying Off

Utah's technology investments are producing returns. The results are most evident in child welfare. During the mid-1990s, human services focused on developing and implementing a State Automated Child Welfare Information System known as SAFE to provide caseworkers with tools to make their jobs more doable and improve case activity documentation.

Coinciding with this development, the state began re-negotiating its agreement with the federal court as a result of a class-action lawsuit covering all children in the child welfare system. The result was the Performance Milestone Plan, which provided specific milestones to achieve, outlined steps to be taken, and described methods for measuring performance. Accurate performance measurement

required a new approach to case review. It would no longer be sufficient to simply determine whether workers had "crossed the t's" and "dotted the i's." The department, through its Office of Services Review and jointly with the court monitor, developed a performance and outcome measurement system.

Two major components are included in the services review system. The quantitative component or case process review (CPR) is conducted annually on a statistically significant number of cases. It relies on documentation in SAFE and the case file and tests for performance with key statutes and practice guidelines that policy-makers and professionals agree are important to meet the goals of child protection, permanency and stability.

The qualitative case review (QSR) component is also conducted annually on a representative sample and is designed to assess the status of children and families related to safety, stability, appropriateness of placement, permanence, health/physical well being, emotional/behavioral well being, learning development, caregiver functioning, family functioning, resourcefulness, and satisfaction. Overall system performance also is measured based on factors of child and family participation, child and family teams, functional assessment, long-

term view, child and family planning process, plan implementation, formal and informal supports, successful transitions, effective results, tracking, adaptation, and caregiver support. QSR reviews rely on information from a variety of sources, including interviews with all key stakeholders.

CPR results are available for multiple levels of analysis from individual case and caseworker results to any number of possible aggregated results by worker, team, office, or region. Trend data also are available comparing results from year to year. A database containing all these analyses is compiled and reviewed by Office of Services Review staff, who, in turn, report the information, as well as recommendations for performance improvement, to both division and department management.

QSR results are similarly available at multiple levels of analysis as well as from a trend perspective. OSR staff again report on areas of strength and areas of need with recommended solutions. These are reported to division and department management as well as to regional qualitative improvement committees.

The CPR and QSR databases also allow for comparative and correlational analysis. Comparisons can be made between state measures and the federal child and family services

Leveraging Data to Enhance Management Outcome

review measures to predict performance and inform practice. Data from the CPR can be correlated to QSR outcome data to show which case process elements are most directly related to achieving desired child and family outcomes as well as system outcomes.

Coinciding with implementation of the performance and outcome measurement system, the department invested in a comprehensive data warehouse capacity. This incorporates both programmatic and administrative data across all areas of human services—child welfare, child support, juvenile justice, including the juvenile court, adult services, and disability services. At the same time, other state departments, including Workforce Services, which is responsible for TANF, Food Stamps, Child Care and Wages and Health, which handles

Medicaid and Public Health, also developed similar capacity. Interfaces among the data warehouses allow clients to be tracked individually across systems and across time.

This capacity has proved extremely valuable in assessing performance trends and in developing baseline data for program development. An example is Utah's Transition to Adult Living (TAL) Initiative, designed to help youths who age out of foster care live successfully as adults. While several national studies have reported on the status of youths after they age out of foster care, no comprehensive Utah data had been compiled. As the TAL Implementation Team sought to establish goals and desired outcomes, it needed to establish baseline data from which progress could be measured.

Using the data warehouse capacity of various state agencies, data on youths who left the foster care system between 1999 and 2004 were obtained to gather a picture of their experience since leaving care. Aggregate data were compiled on outcome variables, including wages, criminal activity, utilization of public assistance, child bearing, death, including suicides, child-support obligations, access to driver's licenses, health and mental health needs, and child welfare follow-up services. Data have been integrated into a single database that allows analysis across multiple dimensions and for ongoing updating. The ability to generate this baseline data not only allows for ongoing performance measurement but allows us to target interventions based on individual and aggregate case characteristics.

The final and newest component of Utah's comprehensive approach is an enterprise system development that serves multiple related departments and clients. Utah's Electronic Resource and Eligibility Product, e-REP, serves the Departments of Human Services, Workforce Services, and Health, and is due for completion in 2006. The first component, an interactive information and referral system called Utah CARES, is operational and accessible at <http://www.utahcares.utah.gov>. Additional components either developed or in process include Integrated Income Support Service Screening and Integrated Eligibility Modules for TANF, Child Care, Food Stamps, Medicaid, IV-E, the State Children's Health Insurance Program and others. The e-REP system also will interface with program case management systems in all departments to provide even greater capacity to track service delivery and outcomes as well as provide management data to inform practice and policy. ■

Example: Performance by Worker and Supervisor Over Time

Supv Last Name	Supv First Name	Worker Last Name	Worker First Name	Program	FY2004	FY2003	FY2002	FY2001
A.	C.	C.	M.	CPS	83%			
A.	C.	J.	D.	Home Base	70%	67%	92%	
A.	C.	L.	W.	Home Base	27%	54%	83%	
A.	C.	W.	G.	CPS	100%			
A.	N.	F.	R.	CPS	86%			
A.	N.	M.	D.	Foster Care			83%	
A.	N.	M.	D.	Home Base				75%
B.	G.	G.	S.	Foster Care				76%
B.	C.	A.	T.	Foster Care			80%	
B.	C.	A.	T.	Home Base		100%	88%	
B.	C.	A.	M.	Home Base	20%			
B.	C.	B.	R.	Home Base				73%
B.	C.	G.	C.	Foster Care		67%		
B.	C.	G.	C.	Home Base	46%			100%
B.	C.	L.	S.	Foster Care		84%	91%	
B.	C.	M.	K.	CPS			92%	96%
B.	C.	S.	H.	Home Base	27%		50%	68%
B.	C.	W.	C.	Foster Care			97%	